Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

November 13, 2017

Ms. Sarah Davenport, Manager
Twin Maples Community Care Home
612 Gage Street
Bennington, VT 05201-2001

Dear Ms. Davenport:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on September 6, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0100	A. BUILDING: _____ B. WING _____	09/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN MAPLES COMMUNITY CARE HOME	612 GAGE STREET BENNINGTON, VT 05201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATDRY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted in conjunction with a re-licensing survey on 9/5 and 9/6/17. There were regulatory findings.	R100		
R104 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104		

R104 - R269 POC accepted 11/13/17 BBurtram/PNA

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R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that admission agreements were signed or complete with monthly rates for 2 of 6 residents, Resident #2 and 6. Findings include: 1. During review for Resident #2, there was a signed admission agreement, but there was no monthly, weekly or daily amount listed per requirement. The owner stated that the resident knew how much they have to pay each month, but confirmed at 8:30 AM on 9/5/17 that the admission agreement was incomplete. 1. During record review for Resident #6, there was no evidence of a signed admission agreement. Per interview with the owner at 12:30 PM on 9/5/17, the resident tore up the agreement after it was signed and then tore up another one that was presented to the resident. The owner further stated that there was no further interventions to have assistance from family to get the agreement signed.	R104	Agreement was oversite on my Part - Resident wanted to speak with family & was not signed originally - Was signed on readmission of 3/17/17 - 5/17/17 Will try to pay better attention Resident refused to sign Contract Kept tearing it up tried several times as well as UCS case worker. Family wanted nothing to do with her. Resident left on 3/12/17 - If ever this occurs again I will get other agencies involved - or give notice	
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental	R136		

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R136	Continued From page 2 condition. This REQUIREMENT is nDt met as evidenced by: Based on staff interview and record review, the facility failed to insure that each resident was reassessed annually by a licensed nurse for 4 of 5 residents reviewed, Resident #1, 2, 4 and 5. Findings include: 1. Review of the medical record for Resident #4 presented that his/her annual assessment was due 6/15/16 but it was not completed until 11/20/16. 2. Review of the medical records for the Resident Assessment Instrument (RAI) for Resident #1 presented that there was missing information in sections F, G, J and L. 3. Section L was not completed for Resident #2. 4. Resident #5 did not have information completed for A, C, D, F, G, L and section M. During an interview with the owner on 9/6/17 at 11:00 AM, s/he is responsible for completing the information and the Registered Nurse (RN) signs them. S/he was unsure if the RN reviews them before signing and confirmed that the information was missing.	R136	Assessment was done & complete 6/16/16 Was in hosp 9-10-16 — 11/11/16 Completed on 11/12/16 readmission did not realize pages were missing. I explained this to surveyor. Completed 9/8/17 Will try not to have this occurs by myself + RN Completed on 9/8/17	
R161 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management	R161		

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R161	Continued From page 3 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility's manager failed to ensure that all medications are handled according to the home's policies regarding documentation. Findings include: During interview with direct caregiver on 9/5/17 at 10:30 AM, s/he stated that s/he administered some of the morning medications to the residents and the owner/Licensed Practical Nurse (LPN) gave the rest. The Medication Administration Records for the residents presented that all of the 7:30 AM medications were initialed by the LPN. Review of the facility policy regarding documenting of medication, 'Each delegated staff person will be responsible for documenting on the medication records their initials for the medication either assisted or administered to residents.' Per the LPN at 10:45 AM, s/he initialed all of the medications that were given because s/he knew that they were given and s/he is the one that pre-pours and sets the medicines up. At this time it was further stated by the LPN that the policy was not followed.	R161	I did sign the med sheets that AM- due to fact the surveyor was present & they needed to be signed I didn't feel I did wrong - but will that happen in future Will allow staff to sign at end of day as always 9/8/17	
R163 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Medication Management	R163		

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R163	Continued From page 4 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (1) A registered nurse must conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs as required in section 5.7.c This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have the Registered Nurse (RN) conduct an assessment consistent with the physician's diagnosis and orders of the resident's care needs for 1 of 5 residents, Resident #1. Findings include: Resident #1 was admitted 6/15/17 and has a documented allergy to Sertraline and has an adverse reaction which causes stuttering. Review of the medication list, the resident has an order for Sertraline 25 mg (milligrams) by mouth daily, and per the Medication Administration Record s/he has been receiving the medication routinely. Per the Licensed Practical Nurse at 9:30 AM on 9/5/17, s/he was unaware of the allergy and doesn't know why it would be listed. S/he further stated that the RN reviews all admissions but may not have reviewed this record.	R163	on original admission orders from PCP there was no mention that [redacted] Sertraline was an allergy. Was removed by and a note has been sent to PCP He has since agreed it to be inactive allergy 10/23/17	
R165 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer	R165		

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R165	Continued From page 5 medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have the Registered Nurse (RN) monitor and evaluate the designated staff performance in carrying out the nurse's instructions. Findings include: During interview with the owner on 9/6/17 at 10:45 AM, the RN instructs the staff that is delegated to administer medications with the owner, who is also a Licensed Practical Nurse. S/he further stated that once the staff is designated to administer the medications, the RN will observe and s/he acknowledges that there is no documentation of the training or evaluation of the staff once they have been designated.	R165	RN does monitor staff as to the administration of medications Each resident has a flow sheet of meds given - however I have not had written documentation of RN's - We are working on a new system for documenting those with med. administration 10/23/17	

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R171	Continued From page 6	R171		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to record the monitoring of side effects for 1 of 5 residents, Resident #5, that receives psychoactive medication. Findings include: Resident # 5 receives Risperdal 50 mg (milligrams) intramuscularly every two weeks, administered by the Registered Nurse. There	R171	RN. gives the injection every 2 weeks and does note inj. given without any side effects to note	

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R171	Continued From page 7 was no evidence of monitoring for side effects in the medical record. Interview at 11:00 AM, the owner stated that as a Licensed Practical Nurse, s/he is responsible for completing the AIMS (Abnormal Involuntary Movement Scale, a test that is used to determine side effects of psychoactive medication) but confirmed at this time that s/he has not completed the AIMS and s/he hasn't done them "forever".	R171	The AIMS were certainly an oversite on my part - I have completed them as required & will keep up to date on them 10/1/17	
R173 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that medications were stored in locked compartments. Findings include: During a tour of the kitchen at 8:30 AM on 9/5/17, the owner was asked where refrigerated medications were kept, s/he opened a small refrigerator that held milk, eggs, butter and other food items. The refrigerator had a hook, but was not locked. S/he confirmed at this time that not all medications were in the locked container and the refrigerator is not locked. In the door of the	R173	This refrig has a child proof lock on it - all medication has been secured in proper storage bags. Suppositories & Acidophilus are removed. Will monitor on daily basis 10/1/17	

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R173	Continued From page 8 refrigerator there was a container of Glycerin Suppositories, a bottle of Acidophilus tablets (that the owner stated were his/her own personal medication), a box of Promethazine 12.5 mg (milligram) Suppositories for Resident #5 and a box of Novolog FlexPens for Resident #4. On the shelf next to the eggs, there 3 (three) boxes of Lantus FlexPens, also for Resident #4. See also R174.	R173		
R174 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (2) Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that medications requiring refrigeration were stored in a separate, locked container in a refrigerator used for food storage. Findings include: During a tour of the kitchen at 8:30 AM on 9/5/17, the owner was asked where refrigerated medications were kept, s/he opened a small refrigerator that held milk, eggs, butter and other food items. The refrigerator had a hook, but was not locked and there was a locked container that the owner stated was for insulin. S/he confirmed that not all medications were in the locked	R174	done	

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R174	Continued From page 9 container. In the door of the refrigerator there was a container of Glycerin Suppositories, a bottle of Acidophilus tablets (that the owner stated were his/her own personal medication), a box of Promethazine 12.5 mg (milligram) Suppositories for Resident #5 and a box of Novolog FlexPens for Resident #4. On the shelf next to the eggs, there 3 (three) boxes of Lantus FlexPens, also for Resident #4. The owner confirmed at this time that the medications were stored with food items.	R174		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179	Training is done on a ongoing basis. The staff has access to a policy + procedure book that lists all areas reviewed. I am available 7 days weekly & if there is any issues they are dealt with. I was also informed that information to staff could be given to them to read & sign - Not always done a staff meeting. RN & I have always been available to have any concerns addressed	

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R179	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that 5 of 5 direct care staff reviewed have at least twelve (12) hours of training each year for staff providing direct care to residents. Findings include: On 9/6/17 a review was conducted of training for direct care staff was performed and during an interview with the owner, it was confirmed at 10:15 AM, that the only documented training was for fire safety on 4/12/17 and that only three (3) of the five (5) employees had attended the training. The other required training for Resident Rights; Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; Respectful and effective interaction with residents; Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and General supervision and care of residents, have not been given to the staff in over a year. One (1) of the 5 employees was hired in May of 2017 and per the owner, there has been no training that is included with the orientation.	R179	All employees have proper required training. Each staff person is able to review Policies & Procedures with myself a new employee has at least 16 hrs of training and then 16 hrs on the shift with another staff Person. I am available for each staff person to have any problems answered. I Personally see my staff everyday.	
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services	R181		

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R181	Continued From page 11 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that background checks were conducted for 4 of 5 direct care givers. Findings include: On 9/6/17 a review was made of five (5) employee files to determine if the required background checks for Child and Abuse Registry as well as Vermont Criminal findings was done. Four (4) of the 5 direct care staff did not have evidence of the Vermont Criminal checks were completed. Upon interview with the owner, s/he stated that they thought they were done but confirmed that they had not been done on all of the employees reviewed.	R181	These have been completed This certainly was an oversite of mine 9/13/17 Will try to not let it happen again.-	

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R188	Continued From page 12	R188		
R188 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that the resident records for 5 of 6 residents, Resident #1, 2, 3, 5 and 6 included all of the required information. Findings include: During record reviews on 9/5/17, Resident #1 and 6 did not have evidence of instructions in case of resident's death. Resident #1, 2, 3 and 5 have no evidence of Durable Power of Attorney (DPOA). Per interview with the owner at 10:15 AM, Residents #1, 2, 3 and 5 have DPOA, but there is no paperwork to support his/her statement. S/he further stated that the paperwork is given to the family or the DPOA, but it is not always returned. Per confirmation at this time, s/he stated that s/he	R188	All residents that have DPOA - families have gotten Papers to Home - 10/1/17 Resident #6 is no longer a resident Resident #1 - was to have dgtr in law called in case of death - All families phone numbers are Posted & readily available to staff. Some of the residents legally do not know what funeral home they would use Some are not local so would be up to families where they would go.	

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	0100	A. BUILDING: _____ B. WING _____	09/06/2017

NAME OF PROVIDER DR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN MAPLES COMMUNITY CARE HOME	612 GAGE STREET BENNINGTON, VT 05201

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R188	Continued From page 13 does not pursue to get the papers returned and it is a verbal understanding as to who is in charge of the care of the residents. S/he also confirmed that there is no instructions for what to do in the event of death for Resident #1 and #6 has since been discharged.	R188	Usually if there would be a death - myself & or the RN would be called & we would handle this -	
R192 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.d Reports and records shall be filed and stored in an orderly manner so that they are readily available for reference. Resident records shall be kept on file at least seven (7) years after the date of either the discharge or death of the resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to insure that the medical records were filed and stored in an orderly manner. Findings include: Per interview with the owner on 9/5/17 at 2:00 PM, the owner confirmed that the medical records were in several different notebooks and folders and that s/he had to look for forms or papers that were being requested by the surveyor because they were not in one readily accessible place.	R192	I didn't feel my charts were not available - I only keep them in 2 charts - The medication charts with care plans & the general charts with all info and notes - Will make sure they are all in orderly fashion in future	
R200 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures	R200		

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R200	Continued From page 14 Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to insure that there are written policies and procedures that govern all services provided by the home. Findings include: Per interview with the owner on 9/6/17 at 10:35 AM, s/he confirmed that the facility does not have written policies and procedures for all services provided by the home. This surveyor reviewed what is done in the event of a fall, missing person, abuse reporting, fluid restrictions, supra pubic catheter care, and transportation or a resident wanting to leave against medical advice. The owner stated that s/he had been in business so long that s/he just knows what to do. It was also confirmed that there is no policy regarding discharges and the appeal process.	R200	All policies are complete to the best of my ability. Each residents family is given copies of policies & procedures + grievance procedure upon admission. Staff has available the policies - in the policy & procedure note book which is readily available to them I believe I sent copies of this info to you —	
R235 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu. This REQUIREMENT is not met as evidenced by: Based on staff interview and review of menus, the facility failed to follow posted menus and substitutions were not recorded on the written menu. Findings include:	R235		

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R235	Continued From page 15 On 9/5/17, a review of the menus for the past three (3) weeks presented with several days that had nothing written in. Interview with the owner at 9:00 AM, s/he stated that the menus had been erased by him/herself because what had been written was not what was served. S/he further confirmed that substitutions had not been written on the menu.	R235	Menus are usually pretty well posted & admit there may have been something erased, but would have been filled in. & do change some days - Menus are subject to changes - I will certainly try to keep them filled in ASAP 10/23/17	
R247 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that all perishable foods were labeled and dated. Findings include: During kitchen tour on 9/5/17 at 8:30 AM, in the kitchen freezer there were plastic bags with beef, chicken and waffles and none of them had been labeled as to what the contents were and the date they were placed in the storage bags. Also found in the freezer was a partially opened, partially used bag of frozen chicken patties that did not have a date as to when they were opened. The refrigerator contained unlabeled containers to content or date they were placed in the refrigerator. Per the owner at this time, the contents were left overs, puddings and other	R247	Most always items are marked & dated. Sometimes they get put away and plan to label later and forget. The dates are most always noted on the items its self - Ex: The Bag of chicken patties were dated in the Bag. Everyone has been instructed to label & date items Well monitor 9/10/17	

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R247	Continued From page 16 things. In the dry storage area, there was a box of opened pancake mix with the lid taped. There was no date as to when it was opened. The owner stated that she has been trying to get staff to label things and confirmed that regulations had not been followed.	R247	I mark the date on the inside of the box or on the tape that we use to close up the unused portions	
R269 SS=E	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.b Rooms shall be of dimensions that allow for the potential of not less than three (3) feet between beds and three feet between the bed and the side wall to facilitate cleaning and easy access. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, the facility failed to allow for the potential of not less than three (3) feet between beds and three feet between the bed and the side wall to facilitate cleaning and easy access for 3 of 8 rooms observed. Findings include: On 9/5/17, during tour of the facility, Room #1 and 2 are occupied by two (2) residents and the beds have a space of two and one-half feet between them. Room #4 is also occupied by two residents and there is a space of only one and one-half feet. There also is no space between the beds and the walls. During interview with Resident #5, occupant of Room #4, s/he stated that the room was nice, but there wasn't enough space in the room, especially between the beds. Interview with the owner that there has been no request for a waiver about the room space. S/he	R269	I cannot make anything different in these rooms. They have always been that way & if bed are where they belong there is proper space - I was not aware I need to have waivers for these rooms, because I was informed that before certain dates it was grandfathered in.	

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R269	Continued From page 17 further stated at 11:15 AM that the beds are against the wall, but the beds are moved when the rooms are cleaned by staff.	R269	The beds are against the walls for safety reasons - Residents feel safer with bed against wall. The beds are on wheels & are easily moved for cleaning & making them.	